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APPLICANTS

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** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
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Verified and Acknowledged
 Examiner's Signature *Handwritten: [Signature]* Initials *Handwritten: [Initials]*

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TITLE
 Space-saving antenna arrangement for hearing aid device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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